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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		555255012303
First Named Inventor		Raymond P. VANDER VEEN
COMPLETE IF KNOWN		
Application Number		/
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR EVENT-DEPENDENT STATE ACTIVATION FOR A DUAL-MODE MOBILE COMMUNICATION DEVICE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

[REDACTED] as United States Application Number or PCT International

Application Number

[REDACTED]

and was amended on (MM/DD/YYYY)

[REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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or Bar Code Label OR Correspondence address below

David B. Cochran, Esq.

Name

Jones, Day, Reavis & Pogue

Address North Point, 901 Lakeside Avenue

City	Ohio State	ZIP
Cleveland		44114-1190
Country	Telephone	Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

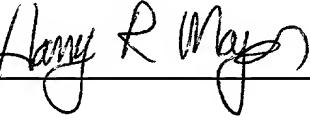
Given Name (first and middle [if any])	Family Name or Surname
Raymond P.	VANDER VEEN
Inventor's Signature	Date
	Dec. 4/2001

Residence: City	State	Country	Citizenship
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Mailing Address

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Country		Canada

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Harry R.	MAJOR
Inventor's Signature	Date
	Dec. 4/2001

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Mailing Address 295 Phillip Street

City	State	ZIP
Waterloo	Ontario	N2L 3W8
Country		Canada

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1****Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Mihal

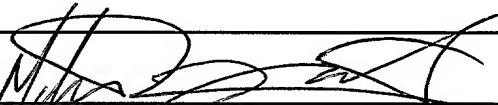
Given Name

LAZARIDIS

Family Name or Surname

Inventor's Signature

5 Dec 01



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Ontario

Canada

Residence: City

State

Country

Canadian Citizenship

Mailing Address

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City Waterloo

Ontario State

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CANADA Country

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address**Mailing Address**

City

State

ZIP

Country

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address**Mailing Address**

City

State

ZIP

Country

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Raymond P. VANDER VEEN
Title	System and Method for Event...
Group Art Unit	
Examiner Name	
Attorney Docket Number	555255012303

I hereby appoint:

Practitioners at Customer Number



Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Krishna K. Pathiyal, Esq.	44435
Please see attached sheet	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

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Practitioners at Customer Number



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OR

<input checked="" type="checkbox"/> Firm or Individual Name	David B. Cochran, Esq.			
Address	Jones, Day, Reavis & Pogue			
Address	North Point, 901 Lakeside Avenue			
City	Cleveland	State	Ohio	Zip 44114
Country	USA			
Telephone	(216) 586-3939	Fax	(216) 579-0212	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Mihai Lazaridis, President and Co-CEO, on behalf of Research In Motion Limited

Signature

Date 5 Dec 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

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